



Interim COVID-19 Contact Tracing Instructions for Non-healthcare Settings

March 20, 2020

Contact tracing is the systematic identification and monitoring of all persons who might have been exposed to a person diagnosed with COVID-19. Because these persons are at risk of developing disease, contacts should self-monitor and may be monitored by the local health department for 14 days (the maximum incubation period) from the last date they had exposure to a confirmed case. For COVID-19 we are only conducting contact tracing for contacts of confirmed cases (individuals who have tested positive for the virus that causes COVID-19). We will not do contact tracing for persons under investigation. All contact tracing documents for COVID-19 refer to close contacts of confirmed cases.

Identification and notification of close contacts to confirmed cases is no longer required. Health departments who are able to continue contact investigations and notifications for all cases can do so at their discretion. NC DPH is no longer requesting documentation of contact investigations, if conducted.

The goals of contact tracing are to:

1. Rapidly identify all potential contacts,
2. Ensure appropriate medical evaluation and care if the contact becomes symptomatic, and
3. Ensure immediate isolation precautions are implemented if the contact becomes symptomatic.

Timely and thorough contact tracing can effectively interrupt the chain of disease transmission and is an important public health intervention to contain an outbreak.

When you have a confirmed case of COVID-19 in your county, please use this toolkit to identify and monitor all close contacts of the confirmed case-patient. If you have questions, please call the North Carolina Division of Public Health's (NC DPH) Communicable Disease Branch (CDB) 24/7 Epidemiologist on Call at 919-733-3419.

Steps to identify and monitor contacts of confirmed COVID-19 case-patients

When a Patient Under Investigation (PUI) becomes a confirmed case-patient:

- ☐ Contact the case-patient and use the **Contact Tracing Form** to determine all the people the case-patient has been in close contact with during their period of infectivity. Close contacts are defined as having direct contact with, or been within 6 feet for at least 10 minutes, of a case-patient while not wearing recommended personal protective equipment. Caregivers and household members of the case-patient are considered close contacts.
- ☐ Only record close contacts who had contact with the case-patient during the period of infectivity (defined as the date the case-patient developed symptoms up to the time the case-patient went into isolation).

Initiate Contact Tracing

- ☐ For contacts in your jurisdiction: Notify contacts from your county of their exposure and ask them to self-monitor for an increased temperature and respiratory symptoms.



- ☐ For contacts who do not live in your jurisdiction: Upload the **Contact Tracing Form** to the case's event in NCEDSS. CDB will use the **Contact Tracing Form** to distribute information to the appropriate counties as needed.
- ☐ Discuss **recommendations** for movement and monitoring risk assessment from initial interview.
 - ☐ Use the **COVID-19 Movement and Monitoring Guide for LHDs** to determine risk classification and provide appropriate guidance
- ☐ Complete the contact's **Initial Contact Form**.
- ☐ Send the contact the **Symptom Self-monitoring Form**. Symptom monitoring should be conducted from the date of each person's first contact with the case-patient continuing through 14 days after their last contact with the case-patient or for 14 days after the case-patient's isolation ends if in continued contact throughout their illness.
- ☐ Active symptom monitoring can be conducted either by email or phone. If a person under monitoring's (PUM) preferred method of contact is email and you have input the information into REDCap, an email will be sent to them to conduct their daily symptom monitoring every day at 5:00 pm. You can verify that an email is scheduled by going to the record home page where there should be an indicator stating '1 upcoming scheduled invitation' in the top right corner. If you are not using REDCap or their preferred method is phone, you should continue to call them to conduct symptom monitoring at the time decided each day for the 14 day monitoring period.
- ☐ For passive monitoring, instruct contacts to notify the local health department if they develop symptoms consistent with COVID-19.
- ☐ After completion of a PUM's monitoring period, you should send them the 'End of Monitoring Letter' on the day after their last day of monitoring (day 15) to let them know that their monitoring period is over.

If you are notified of any additional contacts of the case patient during their period of infectivity, please [notify](#) them of their exposure and initiate self-monitoring.